



Account Number

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Sub-Account Number

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Date (mm/dd/yyyy)

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On-Campus Approval to Charge Form

Student Organization Finance Center

Campus Mail Stop 1236

845-1114

STEP 1: To Be Completed by Student Organization

Student Organization Name:

Part:

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On-Campus Vendor:

Vendor contact person:

Vendor phone number:

Mail Stop:

Estimated Cost of Purchase: \$

Event Date

(Please notify SOFC @ 845-1114 if event is cancelled)

Item/Purpose of Purchase:

Student Organization Leader Signature

Faculty/Advisor Signature

Additional Signature for purchases over \$2,500.00

STEP 2: To Be Completed by SOFC

Date:

Initials:

Balance checked:

Encumbrance #:

Date Paid:

Amount Paid:

STEP 3: Student organization should submit this form to vendor prior to purchasing goods or services

Privacy Policy "State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you."